

CONTRACT #5
RFS # 318.66-050

**Department of Finance &
Administration**

Bureau of TennCare

VENDOR:
**Tennessee Behavioral Health,
Inc. (East Grand Region)**

RECEIVED

OCT 15 2007

FISCAL REVIEW



STATE OF TENNESSEE
BUREAU OF TENNCARE
310 Great Circle Road
NASHVILLE, TENNESSEE 37243

October 15, 2007

Mr. Jim White, Director
Fiscal Review Committee
8th Floor, Rachel Jackson Bldg.
Nashville, TN 37243

Attention: Ms. Leni Chick

RE: Bureau of TennCare
Contracts Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for consideration by the Fiscal Review Committee amendment #2 to The Medstat Group, Inc., RFS 318.65-186. This competitively bid contract was originally awarded to the Department of Finance and Administration, Office of Information Resources, but has since been moved to the Bureau of TennCare for monitoring and oversight. Per language in the Request for Proposal and the original contract, TennCare is exercising the option to extend the term of this competitively awarded contract through November 30, 2009. Due to changes programmatically, there is no longer a need to continue with the entire original scope of services, however, the Fraud and Abuse Detection and Investigation (FADI) services are required and are included in this extension amendment.

Additionally, the three Behavioral Health Organizations (BHOs) listed below are being amended to establish rates that will be in effect for the remainder of Fiscal Year 2008. These amendments reflect an overall maximum liability decrease of \$70 million from the current contract amounts, and align with the projected membership/capitation that will be in force for the contracts.

Mr. Jim White
October 15, 2007
Page 2

Premier Behavioral Health Systems of TN, LLC
Tennessee Behavioral Health, Inc.
Tennessee Behavioral Health, Inc.

FA-01-14662-20
FA-05-16089-10
FA-01-14661-19

The Bureau of TennCare would greatly appreciate the consideration and approval of these amendments by the Fiscal Review Committee.

Sincerely,

A handwritten signature in dark ink, appearing to read "Scott Pierce", with a long horizontal flourish extending to the right.

Scott Pierce
Chief Financial Officer

cc: Darin J. Gordon, Deputy Commissioner
Alma Chilton, Contract Coordinator

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required. A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-050		
STATE AGENCY NAME :	Department of Finance and Administration Bureau of TennCare		
SERVICE CAPTION :	Behavioral Health Organizations Providing Medically Necessary Behavioral Services to the TennCare/Medicaid Population in Tennessee East Grand Region		
CONTRACT #	FA-05-16089-00	PROPOSED AMENDMENT #	10
CONTRACTOR :	Tennessee Behavioral Health, Inc.		
CONTRACT START DATE :	07/01/2004		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	06/30/2008		
CURRENT MAXIMUM LIABILITY :	\$608,166,722.00		
LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT : (including ALL options to extend)	06/30/2008		
TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT : (including ALL options to extend)	\$608,166,722.00		
APPROVAL CRITERIA : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			
This amendment to the existing contract will retain previously established rates for the East Tennessee Region that will be in effect for the remainder of the Fiscal Year 2008. Additionally, a new Rate Table has been included that applies specifically to the enrollment rates aligned with Statewide TennCare Select High.			

(2) explanation of need for the proposed amendment :

Provides funding rates and funding mechanism for the remainder of Fiscal Year 2008. No additional dollars are needed to support the agreed upon rates.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

Dr. Russ Petrella, Chief Operating Officer
Magellan Behavioral Health
199 Pomeroy Road, 3rd Floor
Parsippany, New Jersey 07054

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :

This contract for Behavioral Health Services was identified by a competitive Request for Proposal method. This amendment to the existing contract will ensure that services to recipients will continue without interruption and that the rates covering services are agreed upon for the remainder of Fiscal Year 2008.

(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The Bureau of TennCare is currently modifying all of the BHO contracts to provide specific rates that will carry through the remainder of the Fiscal Year. These BHO contracts provide necessary Behavioral Health Services to the TennCare/Medicaid population and TennCare would greatly appreciate approval of this amendment by the Commissioner of Finance and Administration.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)



SIGNATURE DATE:

10/10/09

CONTRACT SUMMARY SHEET

RFS Number:	318.66-050	Contract Number:	FA-05-16089-10
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Tennessee Behavioral Health, Inc.		X	V-
		C-	621621636 01


Service Description

Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

Contract Begin Date:	Contract End Date:
7/1/2004	6/30/2008

Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:	Subgrant Code:
318.66	135	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments
2005	\$59,243,280.00	\$108,632,276.00			\$167,875,556.00
2006	\$51,144,466.00	\$91,717,000.00			\$142,861,466.00
2007	\$52,779,833.00	\$94,649,867.00			\$147,429,700.00
2008	\$54,457,500.00	\$95,542,500.00			\$150,000,000.00
					\$0.00
					\$0.00
Total:	\$217,625,079.00	\$390,541,643.00	\$0.00	\$0.00	\$608,166,722.00

CFDA Number:	93.778 Department of Health and Human Services	Check the box (below) ONLY if the answer is YES:	
State Fiscal Contact:		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name: Scott Pierce		Is the Contractor a VENDOR? (per OMB A-133)	
Address: 310 Great Circle Road		Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: 615-507-6415		Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature:		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)			
		Base Contract & Prior Amendments	This Amendment ONLY
End Date >		6/30/2008	
FY	2005	\$167,875,556.00	
FY	2006	\$142,861,466.00	
FY	2007	\$147,429,700.00	
FY	2008	\$150,000,000.00	\$0.00
FY			
FY			
Totals		\$608,166,722.00	\$0.00

AMENDMENT NUMBER 10

**TO PROVIDER RISK CONTRACT # FA-05-16089
BETWEEN**

**THE STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES
AND**

TENNESSEE BEHAVIORAL HEALTH, INC.

IN THE EAST TENNESSEE GRAND REGION

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Provider Risk Agreement by and between the State of Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as **TDMHDD**, and Tennessee Behavioral Health, Inc. hereinafter referred to as the **Contractor**, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. Section 4.7.2 - Payment Methodology

New Tables 7 & 8 shall be added that read as follows:

The Contractor shall be compensated based on the rates herein for the payment rate categories authorized by the State. Payments shall be subject to withholds as set forth in the CONTRACT. The rates in Tables 7 & 8 shall be applicable from August 1, 2007 through June 30, 2008.

Table 7: Rates: East Region

BHO Rate Ceiling PMPM August 1, 2007 – June 30, 2008

Age Group	Priority	Non-Priority	State Only & Judicials
0 – 13	\$259.84	\$3.88	\$56.79
14 – 18	\$322.93	\$18.52	\$293.22
19 – 20	\$164.10	\$6.42	\$209.67
21 and over	\$248.55	\$6.31	\$266.85

**Table 8: Rates – Enrollment aligned with Statewide TennCare Select High
BHO Rate Ceiling PMPM: August 1, 2007 - June 30, 2008**

Age Group	Priority	Non-Priority	State Only & Judicials
0 - 13	\$289.52	\$13.57	N/A
14 – 18	\$299.43	\$39.68	N/A
19 - 20	\$246.93	\$7.43	N/A
21 and over	\$365.17	\$7.24	N/A

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective November 1, 2007, or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS THEREOF, the parties have by their duly authorized representatives set their signature.

CONTRACTOR:

Russell C. Petrella, Ph.D.
President
TENNESSEE BEHAVIORAL HEALTH, INC.

DATE

**TENNESSEE DEPARTMENT OF MENTAL HEALTH
AND DEVELOPMENTAL DISABILITIES:**

Virginia Trotter Betts, MSN, JD, RN, FAAN
Commissioner

DATE

**TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:**

M. D. Goetz, Jr.
Commissioner

DATE

APPROVED:

**TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:**

M. D. Goetz, Jr.
Commissioner

DATE

COMPTROLLER OF TREASURY:

John G. Morgan
Comptroller of Treasury

DATE



**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North - 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

Rep. Charles Curtiss, Chairman
Representatives

Curt Cobb	Donna Rowland
Curtis Johnson	David Shepard
Gerald McCormick	Curry Todd
Mary Pruitt	Eddie Yokley
Craig Fitzhugh, <i>ex officio</i>	
Speaker Jimmy Naifeh, <i>ex officio</i>	

Sen. Douglas Henry, Vice-Chairman
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Doug Jackson	Reginald Tate
Bill Ketron	Jamie Woodson
Paul Stanley	
Randy McNally, <i>ex officio</i>	
Lt. Governor Ron Ramsey, <i>ex officio</i>	

M E M O R A N D U M

TO: The Honorable Dave Goetz, Commissioner
Department of Finance and Administration

FROM: Charles Curtiss, Chairman, Fiscal Review Committee *CC*
Bill Ketron, Chairman, Contract Services Subcommittee *BK*

DATE: August 29, 2007

SUBJECT: Contract Comments
(Contract Services Subcommittee Meeting 8/28/07)

RFS# 318.66-050

Department: Finance & Administration/Bureau of TennCare

Contractor: Tennessee Behavioral Health, Inc. (East Grand Region)

Summary: The vendor currently provides behavioral health care services to the TennCare/Medicaid population. This amendment establishes the rates that will be in effect for August 1, 2007, through October 31, 2007.

Maximum liability: \$608,166,722

Maximum liability with amendment: \$608,166,722

After review, the Fiscal Review Committee voted to recommend approval of the contract amendment.

cc: Mr. Darin Gordon, Deputy Commissioner
Mr. Robert Barlow, Director, Office of Contracts Review


CONTRACT SUMMARY SHEET

RFS Number	318.66-050	Contract Number	FA-05-16089-09
State Agency	Department of Finance and Administration	Division	TennCare
Contractor		Contractor Identification Number	
Tennessee Behavioral Health, Inc.		X	V-
			C-
621621636 01			

Service Description

Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

Contract Begin Date				Contract End Date			
7/1/2004				6/30/2008			
Allotment Code	Cost Center	Object Code	Fund	Grants	Grant Code	Subgrant Code	
318.66	135	134	11	on STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments		
2005	\$59,243,280.00	\$108,632,276.00			\$167,875,556.00		
2006	\$51,144,466.00	\$91,717,000.00			\$142,861,466.00		
2007	\$52,779,833.00	\$94,649,867.00			\$147,429,700.00		
2008	\$54,457,500.00	\$95,542,500.00			\$150,000,000.00		
					\$0.00		
					\$0.00		
Total	\$217,625,079.00	\$390,541,643.00	\$0.00	\$0.00	\$608,166,722.00		

CFDA Number	93.778 Department of Health and Human Services	Check the box (below) ONLY if the answer is YES	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address	310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone	615-507-6415	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	
		Funding Certification	

COMPLETE FOR ALL AMENDMENTS (only)

		Base Contract & Prior Amendments	This Amendment ONLY
End Date		6/30/2008	
FY	2005	\$167,875,556.00	
FY	2006	\$142,861,466.00	
FY	2007	\$147,429,700.00	
FY	2008	\$150,000,000.00	
FY			
FY			
Totals		\$608,166,722.00	

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED

AUG 23 2007

FISCAL REVIEW

AUG 14 2007

RECEIVED
AUG 14 2 16
OFFICE OF THE COMPTROLLER
MANAGEMENT SERVICES

318.88-050

FA-05-16089-09

Department of Finance and Administration

TennCare

Tennessee Behavioral Health, Inc.

X

V-

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821621838 01

Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

7/1/2004

6/30/2008

318.88

135

134

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on STARS

2005	\$59,243,280.00	\$108,832,276.00			\$167,875,556.00
2006	\$51,144,486.00	\$91,717,000.00			\$142,861,486.00
2007	\$52,779,533.00	\$94,648,887.00			\$147,429,700.00
2008	\$54,467,500.00	\$95,542,500.00			\$150,000,000.00
					\$0.00
					\$0.00
	\$217,825,079.00	\$390,541,643.00	\$0.00	\$0.00	\$608,186,722.00

83.778 Department of Health and Human Services

Scott Pierce

310 Great Circle Road

615-507-8415

X



Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.



XCS

	6/30/2008	
2005	\$167,875,556.00	
2006	\$142,861,486.00	
2007	\$147,429,700.00	
2008	\$150,000,000.00	
	\$608,186,722.00	

AMENDMENT NUMBER 9
TO PROVIDER RISK CONTRACT # FA-05-16089

BETWEEN

**THE STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES**

AND

**TENNESSEE BEHAVIORAL HEALTH, INC.
IN THE EAST TENNESSEE GRAND REGION**

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Provider Risk Agreement by and between the State of Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as **TDMHDD**, and Tennessee Behavioral Health, Inc. hereinafter referred to as the **Contractor**, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. Section 4.7.2 - Payment Methodology

A new Table 6 shall be added that reads as follows:

The Contractor shall be compensated based on the rates herein for the payment rate categories authorized by the State. Payments shall be subject to withholds as set forth in the CONTRACT. The rates in Table 6 shall be applicable from August 1, 2007 through October 31, 2007.

Table 6: Rates:

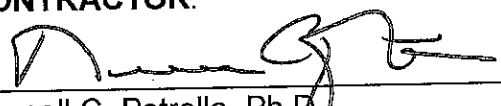
BHO Rate Ceiling PMPM August 1, 2007 – October 31, 2007

Age Group	Priority	Non-Priority	State Only & Judicials
0 – 13	\$259.84	\$3.88	\$56.79
14 – 18	\$322.93	\$18.52	\$293.22
19 – 20	\$164.10	\$6.42	\$209.67
21 and over	\$248.55	\$6.31	\$266.85

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective August 1, 2007, or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS THEREOF, the parties have by their duly authorized representatives set their signature.

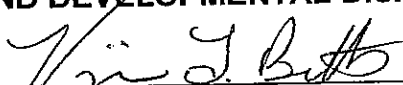
CONTRACTOR:



Russell C. Petrella, Ph.D.
President
TENNESSEE BEHAVIORAL HEALTH, INC.

8-8-07
DATE

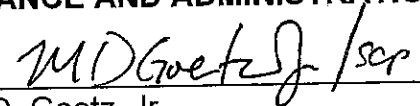
**TENNESSEE DEPARTMENT OF MENTAL HEALTH
AND DEVELOPMENTAL DISABILITIES:**



Virginia Trotter Betts, MSN, JD, RN, FAAN
Commissioner

8-10-07
DATE

**TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:**

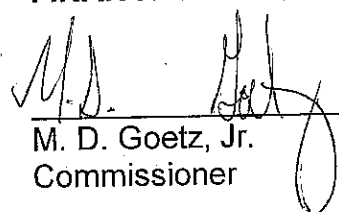


M. D. Goetz, Jr.
Commissioner

8-10-07
DATE

APPROVED:

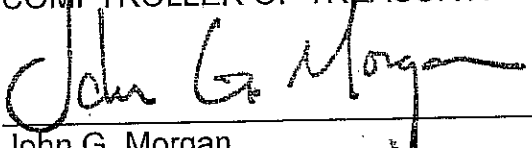
**TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:**



M. D. Goetz, Jr.
Commissioner

8/14/07
DATE

COMPTROLLER OF TREASURY:



John G. Morgan
Comptroller of Treasury

8-15-07
DATE



**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North - 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

Rep. Charles Curtiss, Chairman
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Curtis Johnson David Shepard
Gerald McCormick Curry Todd
Mary Pruitt Eddie Yokley
Craig Fitzhugh, *ex officio*
Speaker Jimmy Naifeh, *ex officio*

Sen. Douglas Henry, Vice-Chairman
Senators

Doug Jackson Reginald Tate
Bill Ketron Jamie Woodson
Paul Stanley
Randy McNally, *ex officio*
Lt. Governor Ron Ramsey, *ex officio*

M E M O R A N D U M

TO: The Honorable Dave Goetz, Commissioner
Department of Finance and Administration

FROM: Charles Curtiss, Chairman, Fiscal Review Committee *CC*
Bill Ketron, Chairman, Contract Services Subcommittee *BK*

DATE: August 1, 2007

SUBJECT: **Contract Comments**
(Contract Services Subcommittee Meeting 7/31/07)

RFS# 318.66-050

Department: Finance & Administration/Bureau of TennCare
Contractor: Tennessee Behavioral Health, Inc. (East Grand Region)

Summary: The vendor currently provides behavioral health care services to the TennCare/Medicaid population. This amendment establishes the rates that will be in effect for August 1, 2007, through June 30, 2008. The term of the contract, as well as the maximum liability, remains the same.

Maximum liability: \$608,166,722

Maximum liability with amendment: \$608,166,722

After review, the Committee voted to approve the proposed contract amendment, subject to the Bureau's determining the amount of contract savings resulting from reduced reimbursement rates, reducing the maximum liability by that amount, and reporting back to the Committee at its meeting on August 28, 2007, concerning the amount of savings and reduction of maximum liability.

cc: Mr. Darin Gordon, Deputy Commissioner
Mr. Robert Barlow, Director, Office of Contracts Review



GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE

320 Sixth Avenue, North - 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

Rep. Charles Curtiss, Chairman

Representatives

Curt Cobb	Donna Rowland
Curtis Johnson	David Shepard
Gerald McCormick	Curry Todd
Mary Pruitt	Eddie Yokley
Craig Fitzhugh, <i>ex officio</i>	
Speaker Jimmy Naifeh, <i>ex officio</i>	

Sen. Douglas Henry, Vice-Chairman

Senators

Doug Jackson	Reginald Tate
Bill Ketron	Jamie Woodson
Paul Stanley	
Randy McNally, <i>ex officio</i>	
Lt. Governor Ron Ramsey, <i>ex officio</i>	

M E M O R A N D U M

TO: Senator Bill Ketron, Chairman
Members of the Contract Services Subcommittee

FROM: Leni S. Chick, Fiscal Analyst *RSC*

DATE: August 24, 2007

RE: Revised TennCare BHO amendments

We received today the signed versions of the new TennCare BHO amendments. The signed amendments differ significantly from the versions presented to and approved by the Subcommittee on July 31. The amendments as presented to the Subcommittee contained BHO rates effective through June 30, 2008. The signed version makes those rates effective only through October 31, 2007. The rates will be renegotiated prior to November 1, 2007, and presumably may change again.

Scott Pierce, Chief Financial Officer of TennCare, responded to our question about this change by stating that "This extension was more difficult than normal and the only way I could get all parties on board was to limit the rates through October." This statement is contrary to the Bureau's testimony on July 31, in which Mike Cole, legislative liaison for the Bureau, stated, "This is to establish the rates for behavioral health services for the remainder of the fiscal year 2008. We establish that rate each year, and it is brought before this Committee each year. The rate is actuarially established by Aon Actuarial Company under a contract with the Comptroller's office."

The discrepancy between Mr. Cole's testimony of July 31 and Mr. Pierce's statement of August 24 has not been explained.

Moreover, the maximum liability of the contracts as amended has not been changed, even though the new rates are effective for only three months, rather than 12 months as provided in the previous version.

Finally, the Subcommittee conditioned its approval of the previous version of these amendments upon the Bureau's providing the cost savings resulting from the proposed rate reduction and reducing the maximum contract liability accordingly. The Bureau has not provided this information. Thus, the amendments have not been approved by the Subcommittee and need to be considered again (although they have already been signed by all parties and are currently in effect). For these reasons, we have added these new contract amendments to the Subcommittee's agenda for August 28. The new documents are attached. If you have any questions or would like additional information, please let me know.

Attachments



STATE OF TENNESSEE
BUREAU OF TENNCARE
310 Great Circle Road
NASHVILLE, TENNESSEE 37243

July 17, 2008

Mr. Jim White, Director
Fiscal Review Committee
8th Floor, Rachel Jackson Bldg.
Nashville, TN 37243

Attention: Ms. Leni Chick

RE: Bureau of TennCare
Contracts Submitted for Fiscal Review

RECEIVED
JUL 18 2007
FISCAL REVIEW

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for consideration by the Fiscal Review Committee amendment #1 to ACS State Healthcare, LLC, RFS 318.65-216. This competitively bid contract was awarded to ACS to provide a Call Center for TennCare enrollees to address their concerns regarding assistance in receiving necessary medical care, accessing information as specified by TennCare for follow-up, and resolution of medical issues and appeals. The payment methodology in the current contract is based on a per call rate, however, during the course of this contract, it has become apparent that occasional system applications modifications are necessary to accommodate changes to the TennCare State Plan or any waiver amendments. Therefore, TennCare is amending the contract to establish language allowing these modifications and provide funding to support the changes requested.

Additionally, TennCare is submitting amendment #5 to First Health Services Corporation, the competitively awarded contract for TennCare's Pharmacy Claims Processing and Preferred Drug List Development and Management. Per language in the Request for Proposal and eventual awarded contract, TennCare is exercising our option to extend this contract for an additional six months. The payment rates established in the previous referenced RFP have been negotiated and reduced, therefore less funds will be spent on the continuation of services for this six month period of time. No additional funding is required to proceed with this extension of services.

Mr. Jim White
July 17, 2008
Page 2


The three Behavioral Health Organizations (BHOs) listed below are being amended to establish rates that will be in effect for the remainder of the Fiscal Year. Due to the fact that the rates for medical and behavioral services are provided to TennCare through the services of an independent actuary, TennCare was unable to provide these newly established rates in time to the Contractor for review prior to completion of the previous term amendment. Therefore, this amendment proposes the actual, agreed upon rates that will be in effect for the remainder of FY '08.

Premier Behavioral Health Systems of TN, LLC
Tennessee Behavioral Health, Inc.
Tennessee Behavioral Health, Inc.

FA-01-14662-19
FA-05-16089-09
FA-01-14661-18

The Bureau of TennCare would greatly appreciate the consideration and approval of these amendments by the Fiscal Review Committee.

Sincerely,



Scott Pierce
Chief Financial Officer

cc: Darin J. Gordon, Deputy Commissioner
Alma Chilton, Contract Coordinator

CONTRACT SUMMARY SHEET

RFS Number	318.66-050	Contract Number	FA-05-16089-09
State Agency	Department of Finance and Administration	Division	TennCare
Contractor		Contractor Identification Number	
Tennessee Behavioral Health, Inc.		X	V-
			C-
621621636 01			

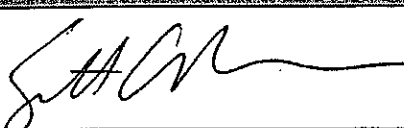
Service Description

Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

Contract Begin Date	Contract End Date
7/1/2004	6/30/2008

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	135	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (Include ALL amendments)
2005	\$59,243,280.00	\$108,632,276.00			\$167,875,556.00
2006	\$51,144,466.00	\$91,717,000.00			\$142,861,466.00
2007	\$52,779,833.00	\$94,649,867.00			\$147,429,700.00
2008	\$54,457,500.00	\$95,542,500.00			\$150,000,000.00
					\$0.00
					\$0.00
Total	\$217,625,079.00	\$390,541,643.00	\$0.00	\$0.00	\$608,166,722.00

CFDA Number	93.778 Department of Health and Human Services	Check the box (below) ONLY if the answer is YES	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address	310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone	615-507-6415	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
End Date	6/30/2008	
FY	2005	\$167,875,556.00
FY	2006	\$142,861,466.00
FY	2007	\$147,429,700.00
FY	2008	\$150,000,000.00
FY		
FY		
Totals	\$608,166,722.00	

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED

JUL 18 2007

FISCAL REVIEW

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required.
A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT
CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-050		
STATE AGENCY NAME :	Department of Finance and Administration Bureau of TennCare		
SERVICE CAPTION :	Behavioral Health Organizations Providing Medically Necessary Behavioral Services to the TennCare/Medicaid Population in Tennessee East Grand Region		
CONTRACT #	FA-05-16089-00	PROPOSED AMENDMENT #	9
CONTRACTOR :	Tennessee Behavioral Health, Inc.		
CONTRACT START DATE :	07/01/2004		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	06/30/2008		
CURRENT MAXIMUM LIABILITY :	\$608,166,722.00		
LATEST POSSIBLE END DATE <u>WITH</u> PROPOSED AMENDMENT : (including ALL options to extend)	06/30/2008		
TOTAL MAXIMUM COST <u>WITH</u> PROPOSED AMENDMENT : (including ALL options to extend)	\$608,166,722.00		
APPROVAL CRITERIA : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			
This amendment to the existing contract will establish rates that will be in effect for the remainder of the Fiscal Year. Due to the fact that the rates for medical and behavioral services are provided to TennCare through the services of an outside actuary, TennCare was unable to provide these newly established rates in time to the Contractor for review prior to completion of the previous term amendment. Therefore, this amendment proposes these new, agreed upon rates that will be in effect for the remainder of FY '08.			

(2) explanation of need for the proposed amendment :

Provides funding rates and funding mechanism for the remainder of Fiscal Year 2008. No additional dollars are needed to support the agreed upon rates.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

Dr. Russ Petrella, Chief Operating Officer
Magellan Behavioral Health
199 Pomeroy Road, 3rd Floor
Parsippany, New Jersey 07054

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :

This contract for Behavioral Health Services was identified by a competitive Request for Proposal method. This amendment to the existing contract will ensure that services to recipients will continue without interruption and that the language will reflect the most recent changes as reflected in item (1) above.

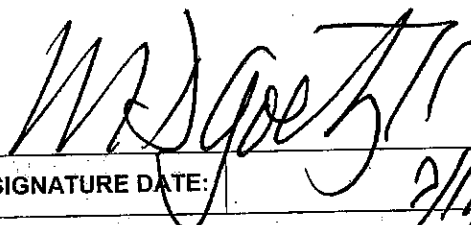
(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The Bureau of TennCare is currently modifying all of the BHO contracts to provide specific rates that will carry through the remainder of the Fiscal Year. These BHO contracts provide necessary Behavioral Health Services to the TennCare/Medicaid population and TennCare would greatly appreciate approval of this amendment by the Commissioner of Finance and Administration.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)

SIGNATURE DATE:


2/12/08

Leni Chick

From: Alma Chilton [Alma.Chilton@state.tn.us]
Sent: Tuesday, July 24, 2007 3:59 PM
To: Leni Chick
Cc: Scott Pierce
Subject: BHO Amendments
Importance: High

Leni,

I'm forwarding the BHO amendments with rate tables that will carry us forward August 1 through the remainder of the Fiscal Year. Due to the negotiations between three parties, TennCare, Magellan and our actuary, we have yet to have definite rates, but expect that we will within the next couple of days. In good conscience, we do not want to put rates in these amendments that we are not certain will be approved by all parties. We are confident that by the committee day we will be able to provide these rates. The maximum liability that is in the current contracts will not change regardless of the rates. Let me know if you have any questions.

Thanks!

Alma

Alma Chilton
Contract Coordinator
Bureau of TennCare
310 Great Circle Road
Nashville, TN 37243
Phone: 615-507-6384
Fax: 615-253-5414
Email: Alma.Chilton@state.tn.us

7/24/2007

RECEIVED

JUL 30 2007

**AMENDMENT NUMBER 9
TO PROVIDER RISK CONTRACT # FA-05-16089**

FISCAL REVIEW

BETWEEN

**THE STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES**

AND

**TENNESSEE BEHAVIORAL HEALTH, INC.
IN THE EAST TENNESSEE GRAND REGION**

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Provider Risk Agreement by and between the State of Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as **TDMHDD**, and Tennessee Behavioral Health, Inc. hereinafter referred to as the **Contractor**, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. Section 4.7.2 - Payment Methodology

A new Table 6 shall be added that reads as follows:

The Contractor shall be compensated based on the rates herein for the payment rate categories authorized by the State. Payments shall be subject to withholds as set forth in the CONTRACT. The rates in Table 6 shall be applicable from August 1, 2007 through June 30, 2008.

Table 6: Rates:

BHO Rate Ceiling PMPM August 1, 2007 – June 30, 2008

Age Group	Priority	Non-Priority	State Only & Judicials
0 – 13	\$259.84	\$3.88	\$56.79
14 – 18	\$322.93	\$18.52	\$293.22
19 – 20	\$164.10	\$6.42	\$209.67
21 and over	\$248.55	\$6.31	\$266.85

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective August 1, 2007, or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS THEREOF, the parties have by their duly authorized representatives set their signature.

CONTRACTOR:

Russell C. Petrella, Ph.D.
President
TENNESSEE BEHAVIORAL HEALTH, INC.

DATE

**TENNESSEE DEPARTMENT OF MENTAL HEALTH
AND DEVELOPMENTAL DISABILITIES:**

Virginia Trotter Betts, MSN, JD, RN, FAAN
Commissioner

DATE

**TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:**

M. D. Goetz, Jr.
Commissioner

DATE

APPROVED:

**TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:**

M. D. Goetz, Jr.
Commissioner

DATE

COMPTROLLER OF TREASURY:

John G. Morgan
Comptroller of Treasury

DATE



**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North – 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

Rep. Charles Curtiss, Chairman
Representatives

Curt Cobb	Donna Rowland
Curtis Johnson	David Shepard
Gerald McCormick	Curry Todd
Mary Pruitt	Eddie Yokley
Craig Fitzhugh, <i>ex officio</i>	
Speaker Jimmy Naifeh, <i>ex officio</i>	

Sen. Douglas Henry, Vice-Chairman
Senators

Doug Jackson	Reginald Tate
Bill Ketron	Jamie Woodson
Paul Stanley	
Randy McNally, <i>ex officio</i>	
Lt. Governor Ron Ramsey, <i>ex officio</i>	

M E M O R A N D U M

TO: The Honorable Dave Goetz, Commissioner
Department of Finance and Administration

FROM: Charles Curtiss, Chairman, Fiscal Review Committee
Bill Ketron, Chairman, Contract Services Subcommittee cc
BK

DATE: May 22, 2007

SUBJECT: **Contract Comments**
(Contract Services Subcommittee Meeting 5/21/07)

RFS# 318.66-050

Department: Finance & Administration/Bureau of TennCare

Contractor: Tennessee Behavioral Health, Inc. (East Grand Region)

Summary: The vendor currently provides behavioral health care services to the TennCare/Medicaid population. This amendment includes language to be consistent with the National Provider Identification requirements and current policies for Project Teach and school-based providers. The amendment extends the current contract for one additional year, effective through June 30, 2008, and increases the maximum liability by \$150,000,000.

Maximum liability: \$458,166,722

Maximum liability with amendment: \$608,166,722

After review, the Fiscal Review Committee voted to recommend approval of the contract amendment.

cc: Mr. Darin Gordon, Deputy Commissioner, Bureau of TennCare
Mr. Robert Barlow, Director, Office of Contracts Review

CONTRACT SUMMARY SHEET

RFS Number	318.66-050	Contract Number	FA-05-16089-08
State/Agency	Department of Finance and Administration	Division	TennCare
Contractor		Contractor Identification Number	
Tennessee Behavioral Health, Inc.		X	V-
		C-	621621636 01


Service Description

Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

Contract Begin Date	Contract End Date
7/1/2004	6/30/2008

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	135	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amounts Include ALL Amendments
2005	\$59,243,280.00	\$108,632,276.00			\$167,875,556.00
2006	\$51,144,466.00	\$91,717,000.00			\$142,861,466.00
2007	\$52,779,833.00	\$94,649,867.00			\$147,429,700.00
2008	\$54,457,500.00	\$95,542,500.00			\$150,000,000.00
					\$0.00
					\$0.00
Total	\$217,625,079.00	\$390,541,643.00	\$0.00	\$0.00	\$608,166,722.00

CFDA Number	93.778 Department of Health and Human Services
State Fiscal Contact	
Name: Scott Pierce	Check the box (below) ONLY if the answer is YES
Address: 310 Great Circle Road	Is the Contractor a SUBRECIPIENT? (per OMB A-133) X
Phone: 615-507-6415	Is the Contractor a VENDOR? (per OMB A-133)
Procuring Agency/Budget Officer Signature	Is the Fiscal Year Funding STRICTLY LIMITED?
	Is the Contractor on STARS?
	Is the Contractor's FORM W-9 ATTACHED?
	Is the Contractor's Form W-9 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS (ONLY)

		Base Contract & Prior Amendments	This Amendment ONLY
End Date		6/30/2007	6/30/2008
FY	2005	\$167,875,556.00	
FY	2006	\$142,861,466.00	
FY	2007	\$147,429,700.00	\$0.00
FY	2008		\$150,000,000.00
FY			
FY			
Totals		\$458,166,722.00	\$150,000,000.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.



**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North – 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

Rep. Charles Curtiss, Chairman
Representatives

Harry Brooks Mary Pruitt
Curt Cobb Donna Rowland
Dennis Ferguson David Shepard
Frank Niceley Curry Todd
Craig Fitzhugh, *ex officio*
Speaker Jimmy Naifeh, *ex officio*

Sen. Don McLeary, Vice-Chairman
Senators

Mae Beavers David Fowler
Jim Bryson Steve Southerland
Steve Cohen
Douglas Henry, *ex officio*
Lt. Governor John S. Wilder, *ex officio*

M E M O R A N D U M

TO: The Honorable Dave Goetz, Commissioner
 Department of Finance and Administration

FROM: Charles Curtiss, Chairman *CC*

DATE: December 13, 2006

SUBJECT: **Contract Comments**
 (Contract Services Subcommittee Meeting 12/12/06)

RFS# 318.66-050

Department: Finance & Administration/Bureau of TennCare

Contractor: Tennessee Behavioral Health Systems (East Grand Region)

Summary: The vendor provides behavioral health organization services and medically necessary health services to the TennCare/Medicaid population. This amendment provides revisions to reporting requirements, conflict of interest language, and fraud and abuse language. The term of the contract remains the same, effective through June 30, 2007, and the maximum liability remains the same.

Maximum liability: \$458,166,722

Maximum liability with amendment: \$458,166,722

After review, the Fiscal Review Committee voted to recommend approval of the contract amendment.

cc: Mr. Darin Gordon, Deputy Commissioner, Bureau of TennCare
 Mr. Robert Barlow, Director, Office of Contracts Review

CONTRACT SUMMARY SHEET

RFS Number:	318.66-050	Contract Number:	FA-05-16089-07
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor		Contractor Identification Number	
Tennessee Behavioral Health, Inc.		X	V-
			C-
621621636 01			

Service Description

Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

Contract Begin Date	Contract End Date
7/1/2004	6/30/2007

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	135	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments
2005	\$59,243,280.00	\$108,632,276.00			\$167,875,556.00
2006	\$51,144,466.00	\$91,717,000.00			\$142,861,466.00
2007	\$52,779,833.00	\$94,649,867.00			\$147,429,700.00
					\$0.00
					\$0.00
Total:	\$163,167,579.00	\$294,999,143.00	\$0.00	\$0.00	\$458,166,722.00

CFDA Number:	93.778 Department of Health and Human Services	Check the box (below) ONLY if the answer is YES:
---------------------	------------------------------------------------	---------------------------------------------------------

State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	615-507-6415	Is the Contractor on STARS?	

Procuring Agency Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED?
	Is the Contractor's Form W-9 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY

End Date >		Base Contract & Prior Amendments	This Amendment ONLY	
	6/30/2007			
FY:	2005	\$167,875,556.00		
FY:	2006	\$142,861,466.00		
FY:	2007	\$147,429,700.00		\$0.00
FY:				
FY:				
FY:				
Totals:		\$458,166,722.00		\$0.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

2006 DEC 29 PM 1:31

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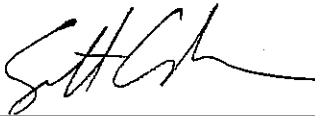
CONTRACT SUMMARY SHEET

RFS Number:	318.66-050	Contract Number:	FA-05-16089-06
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor		Contractor Identification Number	
Tennessee Behavioral Health, Inc.		X	V-
			C-
621621636 01			

Service Description

Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

Contract Begin Date				Contract End Date			
7/1/2004				6/30/2007			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	135	134	11	on STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments		
2005	\$59,243,280.00	\$108,632,276.00			\$167,875,556.00		
2006	\$51,144,466.00	\$91,717,000.00			\$142,861,466.00		
2007	\$52,779,833.00	\$94,649,867.00			\$147,429,700.00		
					\$0.00		
					\$0.00		
Total:	\$163,167,579.00	\$294,999,143.00	\$0.00	\$0.00	\$458,166,722.00		

CFDA Number:	93.778 Department of Health and Human Services	Check the box (below) ONLY if the answer is YES:	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	615-507-6415	Is the Contractor on STARS?	
Procuring Agency/Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	6/30/2007	
FY: 2005	\$167,875,556.00	
FY: 2006	\$142,861,466.00	
FY: 2007	\$147,429,700.00	\$0.00
FY:		
FY:		
FY:		
Totals:	\$458,166,722.00	\$0.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

RFS Number:	318.66-050	Contract Number:	FA-05-16089-05
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Tennessee Behavioral Health, Inc.		X	V-
			C-
621621636 01			

Service Description

Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

Contract Begin Date	Contract End Date
7/1/2004	6/30/2007

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	135	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments
2005	\$59,243,280.00	\$108,632,276.00			\$167,875,556.00
2006	\$51,144,466.00	\$91,717,000.00			\$142,861,466.00
2007	\$52,779,833.00	\$94,649,867.00			\$147,429,700.00
					\$0.00
					\$0.00
Total:	\$163,167,579.00	\$294,999,143.00	\$0.00	\$0.00	\$458,166,722.00

CFDA Number:	93.778 Department of Health and Human Services	Check the box (below) ONLY if the answer is YES:	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	615-507-6415	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	6/30/2007	
FY:	2005	\$167,875,556.00
FY:	2006	\$142,861,466.00
FY:	2007	\$147,429,700.00
FY:		
FY:		
FY:		
Totals:	\$310,737,022.00	\$147,429,700.00

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JUL 19 2006

FISCAL REVIEW

RECEIVED
 2006 JUL 11 PM 2:34
 COMPTROLLER'S OFFICE
 OF
 MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.66-050	Contract Number:	FA-05-16089-04
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Tennessee Behavioral Health, Inc.		X	V-
		C-	621621636 01

Service Description

Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

Contract Begin Date				Contract End Date			
7/1/2004				6/30/2007			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	133	134	11	on STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount include ALL amendments		
2005	\$59,243,280.00	\$108,632,276.00	<div style="font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold;">JAN 09 2006</div> <div style="font-size: 1.5em; font-weight: bold;">FISCAL REVIEW</div>		\$167,875,556.00		
2006	\$51,144,466.00	\$91,717,000.00			\$142,861,466.00		
					\$0.00		
					\$0.00		
Total:	\$110,387,746.00	\$200,349,276.00	\$0.00	\$0.00	\$310,737,022.00		

CFDA Number:	93.778 Department of Health and Human Services	Check the box (below) ONLY if the answer is YES:	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	<input checked="" type="checkbox"/>
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	<input type="checkbox"/>
Address:	310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?	<input type="checkbox"/>
Phone:	615-507-6415	Is the Contractor on STARS?	<input type="checkbox"/>
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	<input type="checkbox"/>
		Is the Contractor's Form W-9 Filed with Accounts?	<input type="checkbox"/>

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	6/30/2006	6/30/2007
FY	2005	\$167,875,556.00
FY	2006	\$146,861,466.00
FY		<\$4,000,000.00>
FY		
FY		
FY		
Totals:	\$314,737,022.00	<\$4,000,000.00>

Funding Certification	
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	

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JAN -3 PM 9:50

COMPTROLLER'S OFFICE
OF FINANCE
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.66-050	Contract Number:	FA-05-16089-03
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Tennessee Behavioral Health, Inc.		X	V-
			C-
		621621636 01	

Service Description

Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

Contract Begin Date:				Contract End Date:			
7/1/2004				6/30/2006			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	133	134	11	on STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount include ALL amendments		
2005	\$59,243,280.00	\$108,632,276.00			\$167,875,556.00		
2006	\$52,583,700.00	\$94,277,700.00			\$146,861,466.00		
Total	\$111,826,980.00	\$202,909,976.00	\$0.00	\$0.00	\$314,737,022.00		

CFDA Number:	93.778 Department of Health and Human Services	Check the box (below) ONLY if the answer is YES:	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	615-507-6415	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)

Base Contract & Prior Amendments		This Amendment ONLY
End Date >	6/30/2006	
FY	2005	\$167,875,556.00
FY	2006	\$167,875,556.00
FY		
FY		
FY		
FY		
Totals:	\$335,751,112.00	-\$21,014,090.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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MANAGEMENT SERVICES

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CONTRACT SUMMARY SHEET

RFS Number:	318.66-050	Contract Number	FA-05-16089-02
State Agency	Department of Finance and Administration	Division	TennCare
Contractor		Contractor Identification Number	
Tennessee Behavioral Health, Inc.		<input checked="" type="checkbox"/> X <input type="checkbox"/> V- <input type="checkbox"/> C-	621621636 01

Service Description

Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

Contract Begin Date				Contract End Date			
7/1/2004				6/30/2006			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	133	134	11	on STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount include ALL amendments		
2005	\$59,243,280.00	\$108,632,276.00			\$167,875,556.00		
2006	\$59,243,280.00	\$108,632,276.00			\$167,875,556.00		
					\$0.00		
					\$0.00		
Total	\$118,486,560.00	\$217,264,552.00	\$0.00	\$0.00	\$335,751,112.00		

CFDA Number:	93.778 Department of Health and Human Services	Check the box (below) ONLY if the answer is YES.	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB/A-133)	<input checked="" type="checkbox"/> X
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB/A-133)	<input type="checkbox"/>
Address:	729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	<input type="checkbox"/>
Phone:	615-532-1362	Is the Contractor on STARS?	<input type="checkbox"/>
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	<input type="checkbox"/>
		Is the Contractor's Form W-9 filled with Accounts?	<input type="checkbox"/>

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	12/31/2005	6/30/2006
FY	2005	\$167,875,556.00
FY	2006	\$86,710,754.00
FY		
FY		
FY		
FY		
Totals	\$254,586,310.00	\$81,164,802.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

RFS Number	318.66-050	Contract Number	FA-05-16089-01
State/Agency	Department of Finance and Administration	Division	TennCare
Contractor		Contractor Identification Number	
Tennessee Behavioral Health, Inc.		X	V-
			C-
		621621636 01	

Service Description

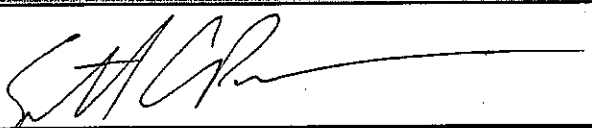
Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

Contract Begin Date	Contract End Date
7/1/2004	12/31/2005

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	133	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include All Amendments
2005	\$59,243,280.00	\$108,632,276.00			\$167,875,556.00
2006	\$30,602,400.00	\$56,108,354.00			\$86,710,754.00
					\$0.00
					\$0.00
Total	\$89,845,680.00	\$164,740,630.00	\$0.00	\$0.00	\$254,586,310.00

CFDA Number	93.778 Department of Health and Human Services	Check the box (below) ONLY if the answer is YES
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State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address	729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone	615-532-1362	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

Procuring Agency Budget Officer Signature		Funding Certification
		Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)			
		Base Contract & Prior Amendments	This Amendment ONLY
End Date >		12/31/2005	
FY	2005	\$173,421,508.00	-\$5,545,952.00
FY	2006	\$86,710,754.00	
FY			
FY			
FY			
FY			
Totals:		\$260,132,262.00	-\$5,545,952.00

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CONTRACT SUMMARY SHEET

RFS Number:	318.66-050	Contract Number:	FA-05-16089-20
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare

Contractor:	Contractor Identification Number:
Tennessee Behavioral Health, Inc.	V- C- 621621636 01

Service Description:
Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

Contract Begin Date:	Contract End Date:
07/01/2004	12/31/2005

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	133	134	11	X on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2005	\$61,204,800.00	\$112,216,708.00			\$173,421,508.00
2006	\$30,602,400.00	\$56,108,354.00			\$86,710,754.00
Total:	\$91,807,200.00	\$168,325,062.00			\$260,132,262.00

CFDA #	93.778	Check the box ONLY if the answer is YES
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State Fiscal Contact	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 90%;">Is the Contractor a SUBRECIPIENT? (per OMB A-133)</td> <td style="width: 10%; text-align: center;">x</td> </tr> </table>	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	x
Is the Contractor a SUBRECIPIENT? (per OMB A-133)	x		

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name:</td> <td>Dean Daniel</td> </tr> <tr> <td>Address:</td> <td>729 Church Street</td> </tr> <tr> <td>Phone:</td> <td>Nashville, TN (615) 532-1362</td> </tr> </table>	Name:	Dean Daniel	Address:	729 Church Street	Phone:	Nashville, TN (615) 532-1362	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 90%;">Is the Contractor a VENDOR? (per OMB A-133)</td> <td style="width: 10%;"></td> </tr> <tr> <td>Is the Fiscal Year Funding STRICTLY LIMITED?</td> <td></td> </tr> </table>	Is the Contractor a VENDOR? (per OMB A-133)		Is the Fiscal Year Funding STRICTLY LIMITED?	
Name:	Dean Daniel										
Address:	729 Church Street										
Phone:	Nashville, TN (615) 532-1362										
Is the Contractor a VENDOR? (per OMB A-133)											
Is the Fiscal Year Funding STRICTLY LIMITED?											

Procuring Agency Budget Officer Approval Signature	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 90%;">Is the Contractor on STARS?</td> <td style="width: 10%;"></td> </tr> </table>	Is the Contractor on STARS?	
Is the Contractor on STARS?			

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 90%;">Is the Contractor's FORM W-9 ATTACHED?</td> <td style="width: 10%;"></td> </tr> <tr> <td>Is the Contractors Form W-9 Filed with Accounts?</td> <td></td> </tr> </table>	Is the Contractor's FORM W-9 ATTACHED?		Is the Contractors Form W-9 Filed with Accounts?	
Is the Contractor's FORM W-9 ATTACHED?					
Is the Contractors Form W-9 Filed with Accounts?					

COMPLETE FOR ALL AMENDMENTS (only)	Funding Certification
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	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
END DATE →			
FY:			
FY:			
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